

**RELEASE OF RECORDS AUTHORIZATION**

I hereby authorize **Stephen Lim, DDS, PLLC** to release a copy of my dental x-rays to:

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In consideration of such disclosure, I hereby release the office of Stephen Lim, DDS, PLLC from any and all liability arising from such disclosure.

Patient (please print name): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_